



Valparaiso City Utilities Service Agreement

Applicant #1 full name Last First Middle

Applicant #2 full name Last First Middle

Location of service Account Number

I hereby request service from the Valparaiso City Utilities, Valparaiso, Indiana. I understand that services include water, water reclamation and storm water as applicable:

- Checkboxes for payment terms: Bills for Co. A and Co. C (due by 20th) and Bills for Co. B (due by 1st).

I agree to pay a deposit of \$_____ for water which will be refunded to me after I have completed 24 consecutive months of good credit history or after my final bill is paid in full.

I understand that the Indiana State Board of Accounts will not allow the Water Department to apply my deposit toward the sanitation portion of my bill.

I understand and acknowledge the Water Department cannot guarantee nor be responsible for the maintenance of water pressure or volume due to circumstances beyond its control.

I am: (Check one) [] A tenant [] A landlord [] An owner/occupant

I understand all parts of the Agreement and will comply with its terms.

Signature of applicant #1 Date of birth

Signature of applicant #2 Date of birth

Last 4 Digits SSN (applicant) OR TIN (business) Last 4 Digits SSN applicant #2

Telephone number Cell phone number

Mailing address if different than service address (P O Box, etc.)

Name, address and phone number of applicant #1's employer

Name, address and phone number of applicant #2's employer

Alternate contact person's name address and phone number

Property owner Today's date

Driver's License